

HOSPITALS
AND
ASYLUMS FOR THE INSANE:

SHALL WE DISTINGUISH BETWEEN THEM AND PROVIDE FOR
THE LATTER AT LESS EXPENSE?

— — —
A PAPER

READ BY

HENRY W. LORD,

SECRETARY OF THE MICHIGAN STATE BOARD OF CHARITIES AND CORRECTION, AT
THE SIXTH ANNUAL CONFERENCE OF CHARITIES AND CORRECTION,
AT CHICAGO, JUNE 10TH, 1879.

—
LANSING, MICH.:
W. S. GEORGE & CO., PRINTERS AND BINDERS.
1879.

HOSPITALS

AND

ASYLUMS FOR THE INSANE:

SHALL WE DISTINGUISH BETWEEN THEM AND PROVIDE FOR
THE LATTER AT LESS EXPENSE?

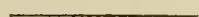


A PAPER

READ BY

HENRY W. LORD,

SECRETARY OF THE MICHIGAN STATE BOARD OF CHARITIES AND CORRECTION, AT
THE SIXTH ANNUAL CONFERENCE OF CHARITIES AND CORREC-
TION, AT CHICAGO, JUNE 10TH, 1879.



LANSING, MICH.:

W. S. GEORGE & CO., PRINTERS AND BINDERS.

1879.



19th
cent
AC439
L67
1879

HOSPITALS AND ASYLUMS FOR THE INSANE:

SHALL WE DISTINGUISH BETWEEN THEM, AND PROVIDE
ASYLUMS AT LESS EXPENSE?

It is usual to use the words hospital and asylum interchangeably. They have several shades of meaning in common; both are defined as places of shelter, protection, and refuge. The word hospital, however, includes in its meaning curative measures for its inmates more distinctly than does the word asylum.

Refuge, shelter, protection—these pertain with fewer exceptions to the idea of an asylum. An asylum may or may not afford curative processes, so far at least as its name implies.

A hospital is, in its essential idea, a place where medical and surgical aid is rendered, and where cures are expected.

Most receptacles for the insane in these days are in the nature of hospitals and asylums combined, if we except the jails and poor-houses, many of which are more like menageries for torture and exhibition.

Like steamboats, railways, and electric telegraph lines, hospitals and asylums for the insane, on the present scale, are comparatively modern institutions; that is, modern as to Europeans. If we go back far enough, to Egyptian, Phoenician, and Greeian days, skipping the medieval and later centuries entirely until the last, we find that in remote times enlightened views of insanity were entertained; intelligent and humane treatment was taught and practiced, first by the learned priests of Egypt, and later by the great philosophers and physicians of Greece.

In the former country, according to earliest records, *melancholics* were brought in considerable numbers to the temples. "Whatever gifts of nature or productions of art were calculated to impress the imagination were there united to the solemnities of an imposing superstition. Games and recreations were instituted. The most voluptuous productions of the painter and sculptor were exposed to public view. Groves and gardens surrounded these shady retreats, and invited the distracted devotee to refreshing and salubrious exercise. Gaily decorated boats sometimes transported him to breathe, amid rural concerto, the pure breezes of the Nile. In short, all his time was taken up by some pleasurable occupation, or by a system of diversified amusements enhanced and sanctioned by a pagan religion."

This process of treatment passed from the priests of Egypt to the learned and accomplished physicians and philosophers of Greece. There, in treating mental diseases, "the early morning was divided between gentle exercises and

reflection, music, and study; then conversation, followed by gymnastic exercises, and a simple and temperate diet; public interests were discussed, walking for exercise followed; a cold bath was had, then reading, music, and reflection concluded the day."

This mode of treatment was not possible in all cases, but wherever it was practicable the method was continued for many centuries.

During the dark ages that immediately preceded our own, the insane, when cared for at all, were received into the monasteries and again committed to the care of the priests—this time of the Christian religion, but whose views of insanity were worse clouded than those of the ancient superstition in the earliest times.

A false notion that madmen were possessed of the devil made it seem incumbent on those who held such an idea to resist the evil one with all possible energy through the unfortunate person in whom he had assumed shape and habitation for the time being.

"Idiots and imbeciles such as were harmless were permitted to wander about homeless and naked, the sport of the wanton and the wicked. The frantic and furious were chained in loathsome dungeons, and sometimes exhibited for money. The monomaniacs were, according to circumstances, regarded with reverence or horror, in either case superstitious. If supposed to be possessed of demons, they were subjected to priestly exorcism, or destroyed as wizards or witches. If thought to be inspired by the Deity, they were constituted leaders of various fanaticisms."

The hospitals were generally attached to monastic institutions. The monks, who often inflicted scourgings upon themselves where they even suspected the influence of the tempter, not unnaturally treated his known and declared presence and possession of the distressed lunatic with great severity.

Among the Franciscan brothers the insane inmate received ten lashes a day for his regular allowance, and on this were based such other proceedings as could be devised against Satan; among which were chairs of restraint, bleeding with the lancet, whirling chairs revolving one hundred times per minute, confinement in iron cages suspended over tanks of water, with occasional submersion therein.

This frightful treatment, with other worse things unmentioned, was continued later than the monasteries by men of all creeds in Europe, and barbarities little less censurable have existed among ourselves within the lifetime of persons now present, and have not yet been fully discarded.

Chains, loathsome cells more offensive than those in which domestic or wild animals are kept, are the not uncommon accessories and tortures that lunatics meet with in alms-houses and other places now, and, it is to be feared, in several States here represented.

In the large hospitals and asylums for the insane at the present day, both in Europe and America (all honor to Philip Pinel, a French physician at the beginning of this century), we have in a great measure, and with great improvements, returned to those scientific and humane measures practiced by heathen philosophers and physicians 3,000 and 4,000 years ago.

The influence of music and quiet recreation, such moderate employments as are practicable, such pleasant social enjoyments and intercourse as can be decorously managed; dancing, pictures, lectures, games, educational and religious exercises, a generous diet calculated to restore physical strength, and great care to protect the patient from all mental frictions and disturbances, especially

such as lead in the direction whence his madness comes,—these constitute the main features of treatment.

We are now, in many of our States, making the most liberal provisions for the insane; we should seek to have our measures also the most enlightened.

Expensive hospitals of magnificent exterior and costly finish throughout have been built, supplied with every requisite suggested by science, and conducted by men of special reputation in their several departments.

Legislatures have voted, and the people paid, the cost both of structure and of administration with open-handed philanthropy, prompted by the hope of recovery for those upon whom had fallen the saddest of all afflictions.

Meantime the mental malady goes on without abatement or diminution, and if its increase is not in greater ratio than that of population, there is at least the appearance of it. Great institutions are no sooner ready for patients than instantly filled, and probably no State, however willing, has yet succeeded in meeting the demands upon its liberality put forth in behalf of its wards thus afflicted.

We submit that it is quite time to look closely into the *phases* as well as nature and condition of the disease for which we have to provide, and into the exact effects we seek not only, but may reasonably expect, to accomplish, and see if we are intelligent in the means provided; or if we may not profitably dwell a little upon the distinctive uses of hospitals and asylums, more accurately restricting our use of the words to what they really mean; and if asylums and hospitals be not convertible terms, perhaps we may discover that while we want and must use both, we do not want, or at least cannot afford, the two in one.

In the examination we may find that we are incurring too much expense in cases comparatively hopeless,—we use the language with painful sensibility,—a class that comprises more than four-fifths of all the patients in our great monumental establishments.

There are at least four States which have institutions for the insane costing \$2,000,000 each, or nearly that, and most of the States have such establishments, some of them several in each, costing from half a million to a million and a half of dollars.

Take all that have been built within the range of prices indicated, and the cost will be found to average at least \$2,000 per patient, and the average cost of maintenance and attendance, when all items are included, is \$5 per week, or about \$7.31 per week if six per cent interest on the money expended is considered, as it should be, it entering, as a rule, into taxation from year to year.

Let us now look into the condition of an average first-class institution costing say \$1,200,000, and containing 600 patients at an expense of \$7.31 per week, or \$228,072 per annum, and see in what condition we shall find the inmates, and with what prospects of cure to encourage and justify this outlay.

Every person will see at once that if there is no doubt of cure in any instance, then the expenditure, if prudently managed, is abundantly justified, and the community would respond to it with hosannas. On the contrary, if it might be fairly said that there is no prospect of cure in any case, then the expense incurred, especially for buildings, would seem to be in excess of the necessity, which would appear to be limited to mere asylum purposes, involving such comfortable provision for hopeless misery as humanity might contemplate, despairingly indeed, but without reproach.

As neither of these propositions is true, we may approximate the merits of the question by endeavoring to form an estimate of the proportion in which

the several classes exist, and if the hopes that may be entertained concerning any of them, or the individuals composing them, may justify a greater expenditure than may be reasonably undertaken, pro rata, for the whole. If so, then let us see upon what general principles they may be distinguished, and how, without a formidable outlay that shall be overwhelming and create reaction among tax-payers against its exercise and purpose, we may provide for the whole number with a liberality that shall be sufficient and commendable, though it may not, as to the whole number, assume imposing monumental form in the sense to which we have referred.

Though it may appear that our elegant and costly hospitals are none too good, nor even sufficiently numerous, it may also be apprehended that some of the States have gone as far as they will in that direction, while at the same time their great institutions are filled full, and from three-fourths to seven-eighths of their capacity occupied by apparently incurable inmates, leaving no room for the admission of recent and hopeful cases.

In the instance we have supposed, if the hospital or asylum for 600 patients has been in operation for a number of years, its population will be about as follows:

The medical superintendent will inform a State Commissioner that he has about 75 or 80 patients whom he regards as curable, and about 525 nearly or quite without encouragement. He will add that as to at least 275 of his patients the malady had progressed from two to ten years before they came under proper treatment, and that partly for the reason that his hospital had no room for them, it having been for some years, as at present, for the most part full of chronic cases. Among the 275 so circumstanced, a sanguine expectation of cures would be limited to eight or ten in the hundred. Of the remaining 325 he will have received about 60 within from one to three months after the disease became manifest, and the expectation of cures in such cases is, say, 70 per cent. There will remain 265 whose malady had continued more than three months and not exceeding two years. Of these he hopes 30 per cent will recover. This will aggregate about 25 per cent of cures on the whole, or about 150 cases of expected recovery.

That is about the way the figures run as the patients come and go, but of the 600 in at any one time and carried along as average population, 12½ per cent, or 75 cases in all, will with tolerable accuracy represent the probabilities of cure.

Among the 600 involved in this great calamity there will be found at least 50 epileptics, with scarce a prospect of cure as to one of them. These give the medical superintendent more anxiety than all the rest, and are more disturbing to the household; they should never be sent to such an institution if possible to provide for them otherwise. Nearly all have suicidal or homicidal tendencies; "lunatic and sore vexed," one is described by St. Matthew, "ofttimes he falleth into the fire, and oft into the water." There was in that instance a conspicuous cure, and there have been but few others.

There will be found from 30 to 50 patients whose malady is euphoniously called dipsomania, many of whom, though wildly, often violently or dangerously insane when committed to the institution, are cured within 24 hours,—and permanently cured, if permanently restrained; but they rarely stay long before means are taken to enlarge them, and they in a few weeks or months are discharged cured, some of them perhaps several times each, and their cases go to make up the averages of recoveries in official reports.

As to real recoveries among these by asylum treatment, an eminent medical superintendent of New England says that in his many years' experience with them, all the recoveries could be counted upon the fingers of one hand, not using all the fingers.

In the afflicted community of 600, the victims of vicious practices will equal in number both the epileptics and the intemperate combined. There will be at least 100 of them. These, the most miserable, disgraced, and degraded of all, are generally so far demoralized both in body and mind before they are sent to an insane hospital that nothing of much value in human form can be reared upon the ruins they bring, and as a class, in estimating recoveries, they have to be almost excluded from hope.

If there is in the State where our asylum is supposed to be located no institution for the feeble-minded, we shall find among the 600 at least 40 who are in a kind of semi-idiotic condition, besides such of these as shall be included in the classes already mentioned. These are of course to be added to the incurable inmates so far as probabilities go.

There will also be at least 100 elderly people suffering various degrees of dementia, in many cases the product of exhausting labor, mental or physical, complicated with affliction and disappointment; the product not unfrequently of poverty and old age, altogether accumulating burdens under which the limbs totter and the mental tissues give way. We behold them through our tears, and feel obliged to deny ourselves expectation of relief until "after life's fitful fever they sleep well."

There will also be 25 or 30 patients of various shades of chronic disease, who have come from other institutions, or have been several times before in the one under consideration, to be added, as probably incurable, to those whom we have mentioned.

These several classes are of the obvious and palpable cases apparently without remedy. There is among those not so specified also a large number that will not recover,—sufficiently large to justify the supposed remark of the superintendent that he had in all but 75 or 80 patients out of the 600 who might be deemed curable.

While it is probably true that of the 600 under treatment at any one time not more than 10 or 12 per cent will recover, it is possible that of the whole number received in any one year 25 in 100 may be cured; but as there would be no way of designating with more than approximate certainty, even after some weeks or months of treatment in hospital, which particular patients would make up the 25 per cent, we will include with them 15 per cent more, making 40 patients in each 100 to be selected from among the most hopeful, and to be regarded as curable, though we know from experience and observation that but 25 of them, if so many, will really recover.

Now, upon a classification such as this, which will be liable to some mistakes, and conceding that hopeful cases will justify all the expense that is necessary to effect restoration, and claiming also that for chronic and obviously hopeless cases we may not be able, without neglect of the former, to afford to them more than a proper degree of expense for asylum purposes, let us see how the matter will stand.

We propose to select, after ample time for study of the several cases in hospital, forty patients from each hundred received, making 240 out of 600, in whose behalf we will continue the rate of expense contemplated,—\$2,000 each for hospital building, and \$7.31 each for maintenance,—thus leaving 60 in

each 100, or 360 of the 600, to be supported on a different scale of expenditure, though with equal solicitude and no less attention to their comfort.

We shall find, if the scheme is practicable, that such an abatement of expense may be made on the whole as would enable some of our States, Michigan for example (and we are proud of her charities), to provide well for all of her insane at an expense now appropriated to one-half of them.

In our supposed institution, built at a cost of \$2,000 per patient, we are supporting, as before stated, 600 inmates at an expense of \$7.31 per week, \$228,072 per annum. Now we maintain that the 360 patients can be generously provided for at an expense of \$400 each for building purposes, and, say, \$3.25 per week for maintenance, or including interest on building, pro rata as in the other case, \$3.72 per week each, or \$69,638.40 per annum for the whole.

The 240 maintained, as before supposed, at \$7.31 per week will cost per annum \$91,228.80, making a gross expenditure for annual support of the 600 of \$160,867.20, against \$228,072 as at first supposed, and diminishing the annual cost on the whole number \$67,204.80.

On the building, as between hospital and asylum, if we so distinguish them, we should save at the outset the difference between \$2,000 per patient and \$400 per patient on 360, which would amount to \$576,000, and in all reduce the outlay \$643,204.80.

This places the State so interested in position to support its 600 patients, giving to all in whom the most enlightened examination could ascertain the hope of recovery—that is to 240—all the facilities that money and science can provide, and to those for whom obviously no curative measures are available—the remaining 360—such comfortable and alleviating asylum and support as will do all that is possible for them in the light of Christian charity and under its obligations, at an expense for building of little more than half of that in the case first supposed, and for annual support at a saving of \$67,204.80.

The amount saved on the building would build another hospital for 288 persons at \$2,000 each, and the money saved on the maintenance of the 360—\$67,204.80—would support 176, nearly 177, patients at \$7.31 in the additional hospital.

Now we assume that there has been unnecessarily expended on the institution for the 600 patients enough money to build a hospital for 288 patients at \$2,000 per patient, and to meet the annual expense of 177 of its inmates at \$7.31 per week; or to build two additional asylums for the chronic insane of a capacity for 720 inmates each, and to meet the annual expense for maintenance of 347½ patients in one of them.

We do not expect that all who hear this paper read, or to whom it may come, will agree with us. We do not know that all boards of charities will agree with us; and we feel confident that the association of medical superintendents will not agree with us. If what we have to say should deserve their attention at all, they would probably in their next convention resolve unanimously against it. We differ with them with what they will perhaps term the confidence of ignorance, and we certainly desire that our unprofessional view may be valued by them and others only for what it may be worth.

There is no class of men whom we honor more than the class of physicians who are specialists in regard to insanity. No more devoted men wait upon the distresses of our race than these. While in the discharge of their duty they find among their patients no two cases alike, yet to them they are, professionally, all alike in interest and solicitude.

Professional fidelity to each is a point of honor with them, and they desire no divisions founded on probability of recovery, or the contrary. Like the painstaking accountant, to whom the right-hand figure in the summing up of long columns, though a cipher signifying comparatively little, is of as much consequence as the figure on the extreme left, or any other that may stand for thousands or millions, and he cannot conceive the possibility of bestowing upon the one less expensive care than upon the other. We applaud the professional fidelity and *esprit de corps* of the medical superintendents.

Familiar with insane asylums for quite a number of years, we have been attentive to their administration, have endeavored to study their purposes, and estimate their value.

We discern in the public mind evident signs of reaction as to the lavish expenditures that have been made upon them, and while in most States they are at present but little more than half sufficient in capacity, yet, at the supposed necessary cost, they are likely to fall further behind the necessity than to overtake the occasion for new institutions.

When we have said to the people of Michigan, "With all your liberality in provision for the 900 insane in your two asylums, you have still 900 in the poor-houses and among the people for whom you have no place," we have heard the reply, "It begins to appear to us that the State will by-and-by have to consider the preparation of asylums for such of us as remain sound."

In our supposed instance of the 600 we have first selected all that could be ascertained to have the least prospect of advantage from the most expensive appliances and treatment. As to the 360 that remain, our estimate provides for every six persons \$2,400 for domicile, and \$1,160.64 for support. This would be a charitable provision by the State, and a better one than most families in health among the well-to-do working people can provide for themselves.

Three-fourths of all the insane brought to our State institutions are pauper or indigent, yet we would not in the least degree abridge even the pauper's chance of recovery on account of his poverty. He is more likely to be poor because he is insane than insane because he is poor, though cases of that kind are frequent.

We would provide for the 360 at less expense than for the others for the reason that, aside from making them comfortable as possible, we can do them no good. Cases will occur among them, perhaps two or three in one hundred each year, where it will be found that mistakes have been made, and such will be transferred at once to the hospital to encourage the rising hopes that have unexpectedly dawned before them.

It is also sadly true that among the 240 there will also be found errors to correct, and at least fifteen in each hundred will have to join the 360, as in one after another the light of reason is hopelessly obscured, or dies out.

The classification proposed would not of necessity prevent the continuance in hospital of the treatment of such pay-patients, as they are termed, as have money or friends to defray their expenses. It would also open to those who are not indigent, and yet not wealthy, and who have chronic insane relatives, to choose between hospital and asylum expenses.

Let us, in closing, glance again at the 360 chronic cases set apart for the asylum. Our classification will not be found precisely correct, perhaps, in any one institution, but it will, with sufficient accuracy for illustration, indicate the average condition.

Two thousand dollars per patient for building will not be true of all our asy-

lums and hospitals, but it will be true of those in quite a number of States. Or if it were not, and they were all like Michigan, where the expenditure for cost and equipment is about \$1,500 per patient,—or a little less than four times, instead of five times what would be necessary for the chronic cases,—then our illustration will hold good to that extent, which is sufficient for argument.

It will be, with praiseworthy humanity, alleged that it is a painful thing to consign insane persons to a class of institutions that some of the patients will know to imply the serious nature of their malady, and thus crush out a spark of hope that may have been left. So cruel a procedure ought of itself to dismiss the subject from consideration.

There is weight in the objection, and it cannot be fully answered or obviated. It, however, has less importance than appears at first sight, and under the plan of division advocated in this paper, it very nearly disappears.

As to the 50 epileptics, they ought not to be in the hospital at all, but otherwise provided for independent of all other considerations. As to the dipsomaniacs, their confinement there was absurd from the first; a hospital is not necessarily a reformatory. The 100 victims of vicious practices were, as a rule, rendered hopelessly worthless before they were sent, and are not entitled to, and cannot be benefited by better care than can be provided at the reduced expense. No complaint can be made in behalf of the 40 feeble-minded, for they are of course incapable of restoration in either place, and are generally happy if well housed and fed. The 25 patients who have already been in and out several times are not likely to be disadvantaged or discomfited if changed from hospital to asylum. The 100 elderly patients do not, as a rule, expect recovery, nor is it expected for them. They will usually find themselves more comfortable with the quiet class of patients with whom they would be placed in an asylum than with the more demonstrative inmates of the hospital.

However this may be, we should be influenced in a measure by the alternative.

The alternative is this: If we do not, by building asylums at moderate cost, relieve our expensive hospitals, they will rapidly fill up, as they are now nearly filled, with chronic and hopeless cases to the exclusion of recent and hopeful patients until the latter also become chronic and hopeless.



